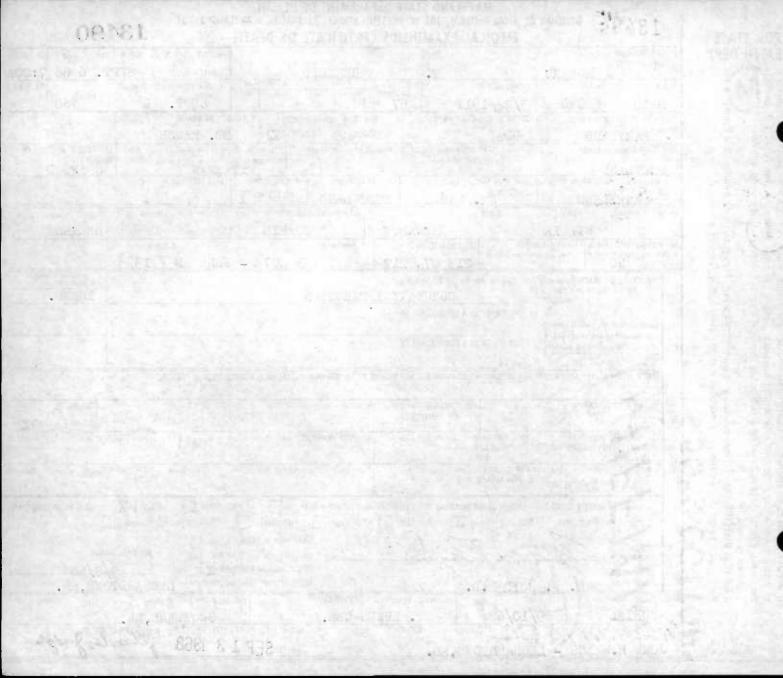
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13490 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN A Month Day Year 2b. HOUR (Type or Print) ESTI-OF 6 168 HOWARD BENNETT DEATH MATED SEPT. 7:00M 4. RACE IF LINGER 1 YEAR 3 SEX AGE (In years IF UNDER 24 HRS. S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR last birthday) HOURS 3/22/1911 NEGRO 1968 MALE YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) MARYLAND USA WIDOWED [DIVORCED T ST. MARYS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY SCOTLAND SEAFOOD WATERMAN 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LUMITS? 13e. STREET AND NUMBER 13b. COUNTY admission) STATE SCOT LAND YES NO TY MARYS 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle BENNETT SOPHIE BARNES WILLIE pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) LILLIAN DOVE - SAME AS # 13 213 07 0212 File APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: CORONARY INFARCTION IMMED. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a). word This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 5 writing the should be forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) D SD removal CERTIFICATION be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AHTOPSY? WAS PERFORMED? the certificate. NO K 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. SICAL EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State DIRECTOR: Page factory, office building, etc.) WHILE AT WORK AT WORK burial. 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X Inquiry X and in my apinian Natural causes X Accident death resulted fram: Suicide | Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL moy be re 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health ADDRESS(Street, city, town, or county) LEONARDTOWN.MD. NAME (Type) BOYD M.D. 50 230. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 9/10/68 ST. LUKES CEM. SCOTLAND. ND. ADDRESS 25g. REC'D BY REGISTRAR - LEONARDTOWN . MD.



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Sici spit entif ed led	MEDICAL	(If either, natify med 21d. INJURY OCCURR	lical examiner	P.M.	AT HOME TARM STOR	19	C LOCATION C	D.F.D. N-	Circ	T	Country	State
bing PHYSICIAN: The by the haspital or attention this certificate has be detached for use a State Dept. af Health pr		While Nat while at work	1 21e. PL	ACE OF INJUNT	AT HOME, FARM, STRE OFFICE BUILDING, ETC	2, 140,001.)	f. LUCATION STRE	eet of K.F.D. No.	спү	ar Tawn	Caunty	21016
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OR ATTENDING be retained by th DIRECTOR: After ge 3 shauld be d ed with the State		22D. SIGNATURE	Mx	MILE	xala	121	ATTEND	ING Z	RECTOR	STAFF D	11/2	1/0/
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HEALTH DEPT.		ECLASED-NAME Type or Print)	First		Midd	dle	Last			2a. DATE KNOW		Day	Year	2b. HOUR
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14	4. F.	ATHER'S NAME First	***	Middle Last RICHARD CURRY	15.	MOTHER'S MA	AIDEN NAME FIR	st ARGARET	Middle	RALEY	Last
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M	0	21d. INJURY OCCURRED While Not while the wark		OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.		TO ALC:	/		or Tawn	Caunty	State
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FOR STATE HEALTH DEPT.

24 bours after death any delay is in Item 18. Give Pages 1, 2, and 3 to it working along with form PM3. Page In Department of DICAL EXAMINER: This certificate should be executed within necessary, please execute the certificate, writing the word "pending" in pencil the funeral director. Page 4 should be forwarded to the Chief Medical Examin TO DEPUTY

5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Land 2 with the Health prior to burial, cremotion, or removal, and in any event within 72 hours after death.

It	1347	ambivisio	N OF VITAL RE	ARYLAND STATI CORDS, 301 W. F AL EXAMINE	RESTON STR	EET, BALT	MORE, M	ARYLAND	21201	13	494	
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	Female	4. RACE White	S. DATE OF BIR	, 1934 3:	birthday) MONTH:		HOURS 24	21.	DATE PRONOUNCED Month Sept		L7, Year 1968	2d HOUR 6:50A
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13a	USUAL RESIDEN odmission) STATE	CE (Where deced Maryla	nd ^{13b.} COUNTYS	t. Mary;s	Hollywo		INSIDE CITY LIM YES NO		STREET AND NUM	BER		
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		iote couse (a), derlying couse	(b)	AS A CONSEQUENCE OF								
	last.	idenying couse	(4)									
7	PART 2. OTHER 9/9.	SIGNIFICANT CON	DITIONS CONTRIBUTI	ING TO DEATH BUT NOT	RELATED TO THE	TERMINAL DI	SEASE OR CO	NDITION GIV	VEN IN PART I(a)			
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	SIGNATURE _	hole	d VIK	holl		_M.D. ASSI	TANT MEDICA	AL EXAMINE	R K	22b. DATE	SIGNED	
	EXAMINER'S NAME (Type)	Ron	ald N. K	ornb1um,M.	D'•		TY MEDICAL RESS(Street, o			epten	mber 17,	1968
	BURIAL, CREMA REMOVAL (Spec	ifv)	. DATE	23c. NAME OF	CEMETERY OR CR		25112		ATION (City or Tav	wn)		(Stote)
	FUNERAL DIRECT	OR		ADDRE	SS	2000	25a. REC'D 1	BY REGISTRA	AR 2Sb. RE	GISTRAR'S	SIGNATURE	RYLANE
W	.CLARKE	MATTING	LEY LEO	NARDTOWN,	MARYLAN	D	DASEP	20 1	968 80	liant	as Judg	L

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W. CLARKE MATERIALLY LEGISLATION, HARVLAND . USEP 2 U 1988 - 7 Contact

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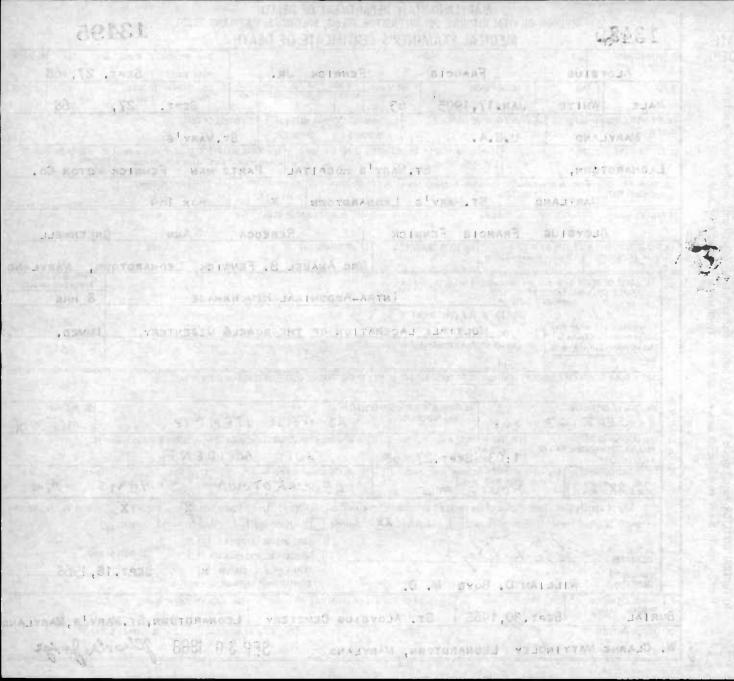
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13495 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle Lost 20. DATE KNOWN Month Doy 2b. HOUR (Type or Print) OF SEPT. 27,1968 of FRANCIS FENWICK DEATH MATED Department 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 63 YE MALE JAN. 17, 1905 WHITE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH MARYLAND U.S.A. WIDOWED [DIVORCED ST . MARY 'S with the State 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
PARTS MAN FENWIC give street oddress) . MARY S HOSPITAL LEGNARDTOWN. FENWICK MOTOR CO. Office alang 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY ST . MARY YES NO Box 184 LEGNARDTOWN l and 2 tem 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First ALOYBIUS FRANCIS FENWICK REBECCA ANN GREENWELL pages haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil (Yes, no, or unknown) MRS ANABEL B. FENWICK LEONARDTOWN. File APPROXIMATE INTERVAL event within 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) This certificate should be executed BETWEEN ONSET AND DEATH 4 should be farwarded to the Chief Medical burial-transit permit. PART I. DEATH WAS CAUSED BY: INTRA-ABBOMINAL HEMORRHAGE 8 HRS IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove MULTIPLE LACERATION OF THE BOWEL& MESENTERY rise to immediate couse (a). writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse . = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 SD be used 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? AS ABOVE ITEM * 18 SEPT 27 1968 YES 🗍 NO V please execute the certificate, 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year may be retained far yaur tiles. FUNERAL DIRECTOR: Page 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR AM. SEPT. 27 19 68 ACCIDENT CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 2]e. PLACE OF INJURY (At home, form, street, City or Town Stote foctory, office building, etc.) LEONARDTOWN STMARYS WHILE AT WORK AT WORK Md 220. I certify that I taak charge af the remains described above, held on Autopsy , Inspection X Inquiry X and in my opinion the funeral directar. Natural causes . Accident KX. Suicide . death resulted from: Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY SEPT. 18. 1968 DEPUTY MEDICAL EXAMINER X **EXAMINER'S** WILLIAM D. BOYD M. D. ADDRESS(Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) BUREMOVAL (Specify) SEPT. 30, 1968 ST. ALOYSIUS CEMETERY LEONARDTOWN ST . MARY LAND 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Ocharles VR A15ME (5) / W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND 10M REV. 1/68



within 24 hours often

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate

Poge 4 may be retoined by the hospitol or attending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 .

1980%		CERTIFI	CATE OF D	EATH		, 1	13496)
DECEASED-NAME First (Type or print)	5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Middle	Last		20. DATE OF DEATH		/ Yeor	2b. HOUR
MARY	HELDER, ART.		FISHER		SEE	anth Day	3 1968	3. 10:0d
3. SEX	4. RACE		S. DATE OF BIRTI	Н	6. AG	E (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
FEMALE	WHITE		7/9/1	890		birthday) 78 YRS.	MONTHS OAYS	HOURS MIN.
7o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNT	TRY? 8. MARRIED	☐ NEVER MARRIE		COUNTY OF DEATH			
PENNA.	USA	WIDOWED			ST.	MARYS		Mo
IO. CITY OR TOWN OF DEATH MECHANICSVILLE	11. NAME OF HO give street addr	OSPITAL OR INSTITUTION (If ess)	nat in haspital	during mas	OCCUPATION (Kind st of working life, ev JSEWIFE	of wark dane	12b. KIND OF INDUSTRY DOMES	
13o. USUAL RESIDENCE (Where deceo	sed lived, if institution: Resid	ence befare 13c. CITY O	R TOWN 13d	I. INSIDE CITY LIM		ND NUMBER	201111	7220
MARYLAND	13b. COUNTY MAR	YS MECHA	NICSVILL	NO □	BOX	42		
14. FATHER'S NAME First	Middle	Last 1	S. MOTHER'S MAID	EN NAME Fir	st	Middle		Lost
STEPHEN	STO	LTZFUS		SUSI	E		LUNI	rz
160. WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOC	IAL SECURITY NO. 17.	INFORMANT			Address	TA STORY	
Yes, Mor unknown) (If yes give	war or odies of service)	WAR AREA	ISSAC FI	SHER	MECHANICS	SVILLE,	MD.	5440
18. CAUSE OF DEATH (Enter or	nly ane cause per line for (ο),	(b), ond (c).)	<u>.</u>	1				NATE INTERVAL NSET AND OEATH
PART 1. DEATH WAS CAUSE	D BY: ATE CAUSE (a)	remore	Ocu	len			Linna	list
4100	DUE TO, OR AS A CONS	FOUENCE OF		-10-71-			1	
Canditians, if any, which gave	(L)	Edocitica of						
rise to immediate cause (a), stating the underlying cause		EQUENCE OF		1000	15-11-0			300
last.	(c)						- BASS	
PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED 1	O THE TERMINAL D	ISEASE ORCO	INDITION GIVEN IN PA	RT 1(0)		
8 7201			1		Tank ta was w			
19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERA	ATION WAS PERFORMED	20a. AUTOPS	Y?	CAUSES OF DE		ONSIDERED IN CE	RTIFYING
21a. ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE OF OEA (If either, notify medical exami	TH HOUR A.M. Manth	Day Year	IOW INJURY OCCUR	RED (Enter	noture of injury in P	ort 1 or Part 2,	Item 18.)	1424
21d. INJURY OCCURRED While Nat while of work	PLACE OF INJURY (AT HOME, POFFICE BUILDING	19 FARM, STREET, FACTORY.) 21f. 1 LOING, ETC.	OCATION Street of	or R.F.D. No.	City or Tov	'n	County	State
22a. I certify that (I) (th	is haspital) attended t	he deceased from	7.1	. 19	, ta	. 19	thot	(1) (we) las
saw the deceased o	llive an e, (I) (we) (did) (di d nat	19, ar	d that in (my)	(our) opin	ion death occurr	ed on the do		and fram the
22b. SIGNATURE	1111	1					DATE SIGNED	
We	went 7/1	omme DEG	REE PHYS.	ME DIF	D. STAF		9/14/68	
22d. PHYSICIAN'S			22e. ADDRE	SS	Photos de			
NAME (Type) DAVID	MOBSMAN MD.		ME	CHANIC	CSVILLE, M).		

NAME OF CEMETERY DR CREMATORY

AMISH CEMETERY

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremotion, ar removal, and in any event, within 72 hours of a

BURIAL, CREMATION,
BURIAL, (Specify)

ADDRESS LEONARDTOWN.MD.

23b. DATE 9/16/68

2Sa. REC'D BY REGISTRAR DSEP 1 7 1968

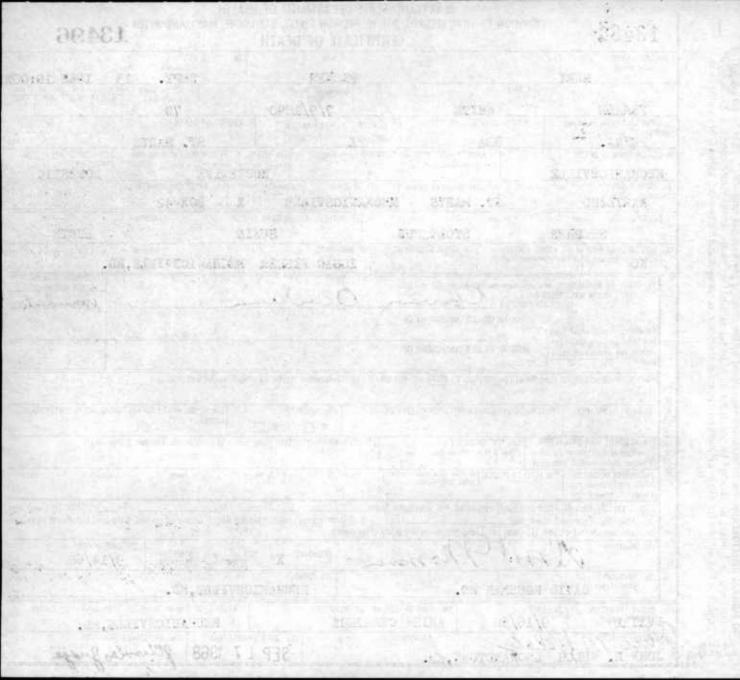
23d. LOCATION (City or Town)

25b.

MECHANICSVILLE, MD.

(County)

(State)



AND NOTE THAT THE PRINT TH

13482		CERTIFICA	ATE OF DEATH			Le	CFC	
. DECEASED-NAME First	Middle	W 1	Last	20. D	ATE OF DEATH		10,000	2b. HOUR
(Type or print) MARY	REGINA	FC	WLER		SEPT.	5 Day	1968	8:25P
. SEX	4. RACE	5	DATE OF BIRTH		6. AGE (in yeo		INDER I YEAR	IF UNDER 24 HRS.
FEMALE	WHITE		9/11/1893		last birthday)	YRS. MON	IH2 DA12	HOURS MIN.
o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUN	NTY OF DEATH			
ountry) MARYLAND	USA	WIDOWED			ST. MARYS			Md
D. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not	in haspital 12a. US	SUAL OCCUP	PATION (Kind of work		2b. KIND OF B	
LEONARDTOWN	give street oddress) NARYS	HOSPITA	L auring	CLERK	orking life, even if reti	irea.j	CIRCU,	WILDIN .
3a. USUAL RESIDENCE (Where decease	d lived, if institution: Residence before	13L CITY OR 1	100000000000000000000000000000000000000	1	13e STREET AND NUMB	ER		JOURT
dmission) SIAIE MARYLAND	13b. COUNTY MARYS	CHAPTI	CO YES	NO	RURAL		STAN I	
4. FATHER'S NAME First	Middle Last	15.	MOTHER'S MAIDEN NAME	E First	Mid	idle		Last
ZACH	M. FOWLE		MART	HA		19.0	BARE	BER
6g. WAS DECEASED EVER IN U.S. ARME Yeardo, or unknown) 111 year gree was	D FORCES? 16b. SOCIAL SECURITY (FORMANT		Addi			
NO		1	RS. LOUISE	LONG	- CHAPTIC	O, MAR		
	one cause per line for (of, (b), and (c).)	1.00) /	+.	6.0		SET AND DEATH
PART I. DEATH WAS CAUSED IMMEDIAT	E CAUSE (0)	10 Ch	dial &	M	when		100	1/197
4109	DUE TO, OR AS A CONSEQUENCE AN	0		6	1).			
rise to immediate cause (a).	(6)	oron	any ar	weif	breeze	2	To TEST	3
stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF		110	11		-		
lost	(1)	_	0/	"/				
PART 2. OTHER SIGNIFICANT COND	TIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO	THE PERMINAL DISEASE OF	OR CONDITIO	N GIVEN IN PART 1(a)			
4201	resum jus	en	1/		ON IT HE WAS THE THE	WHOS CONT	DERED IN SER	TITULAN
19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE	KEUKMED	20a. AUTOPSY?		20b. IF YES, WERE FIND CAUSES OF DEATH?	INGS CONSI	DEKED IN CER	TIPTING
21a. ACCIDENT WAS UNDERLYING	1216. TIME OF INJURY	Late non	YES NO	tree!	of tall as in Book 1 and	Dest 2 House	161	
TI DE CONTRIBUTING FI CAUSE OF DEATH	HOUR A.M. Month Day Year		N INJURY OCCURRED (En	nter nature	or injury in Part 1 or P	an Z. nem	18.)	
(If either, notify medical examine	r) P.M. 19	77000 \$ 016 100	STAN C NEB		65 C. C.			State
While Not while at work	LACE OF INJURY CAT HOME, FARM, STREET, FA	211, 100	ATION STREET OF K.P.D.	NO.	City or Town		ounty	2idia.
at work at work	1/20/11/20/20	- I form	19) ,	10	10	that I	III Ama V Ian
sow the deceased di	hospital) attended the decease	9 and	that in (my) (our) a			he date o	nd hour a	(I) (we) last nd from the
	(I) (we) (did) (did not) view the	body after de	eath.				112	
226 SIGNATURE	1/) -1	da	ATTENDING PO	MED.	- STAFF -	22c DATE	SIGNED	0
	HMILL	1199	E/ SHAZ	DIRECTOR	☐ PHYS. ☐	9	6-6	8
22d. PHYSICIAN'S NAME (Type)	X A Wash		22e. ADDRESS					
F1/	00 00 H 730) ~		-	ICSVILLE, M	-		
3a. BURIAL, CREMATION, 23b. DI	Control of the Contro	CEMETERY OR C		23d. 1	LOCATION (City or Town	i) (c	ounty)	(State)
			CEMETERY			ARYLA	NTPRE.	
A SHARRY DIRECTORY . WE	leli ADDRESS		200,000,000,000,000	D BY REGIST		Client	Marie and an order	dal
JOHN M. WISLOST -	LEONARDTOWN, MD.		DATE S	CLI	9 1900	- "	1	0

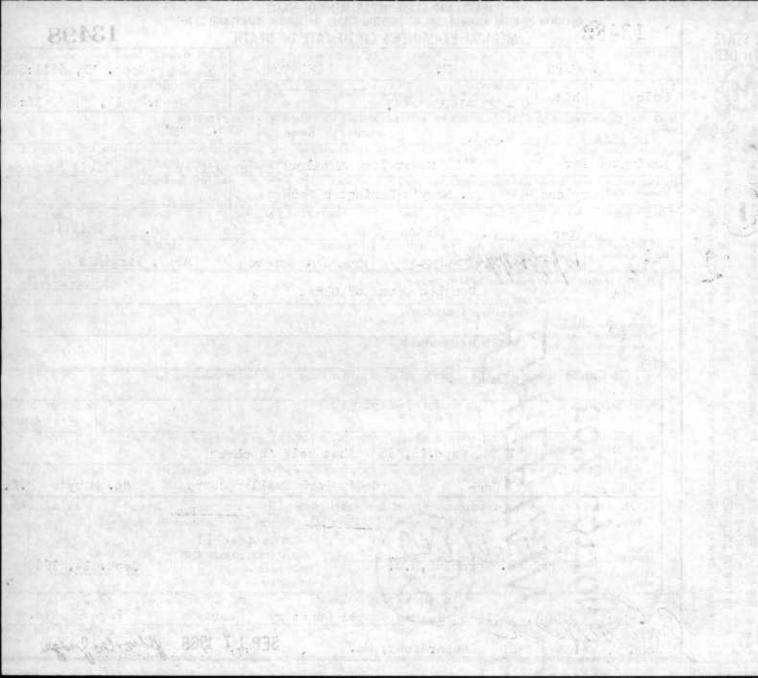
Thin 24 hours ofter deoth

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove-arron popers. Pages should be filed with the State Dept. of Health prior ta burial, cremation, or removal, and in any event, within 72 hours of

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		T PRODUCT IN A LOCAL	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13498 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT DECEASED-NAME First Middle Last 20. DATE KNOWN Month Day 2b. HOUR Yeor (Type or Print) JOSEPH HEISTON Sept. 13, 16811:30P DEATH MATED IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONGUNCED DEAD 2d. HOUR Male White Sept Day 13, Year 19 68 11:38 47 YRS 9 - 27 - 19207a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Virginia St. Mary's WIDOWED [DIVORCED [U.S.A. ang with 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Truck Driver give street oddress Cedar Park Trailer Lexington Park Service 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATEMaryland 13b. COUNTY Sr. Mary's Lexington Park | NO | haurs after 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle M. Phillips Gracie Heiston Hunter haurs Ξ pages 4 shauld be farwarded to the Chief Medical Examiner 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within (Yes, na, ar unknown) Luray, Virginia Mrs. Eva Cameron 226-12-1359 File 18. CAUSE OF DEATH (Ener only one comper line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Gunshot wound of Chest APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate cause (a), This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SD remaval, CERTIFICATION be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES 🗍 NO K 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) D 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year may be retained far your files. FUNERAL DIRECTOR: Page 3 shauld MEDICAL PRIMARY OR CONTRIBUTING SICAL EXAMINER: Sept.13, 68 Shot self in chest CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.)
Home WHILE AT WORK AT WORK Gedar Park Trailer Court St. Mary's M.D. 22a. I certify that I taak charge af the remains described abave, held an Autapsy . Inquiry | Inspection 🐷 and in my apinian death resulted fram: Natural causes . Accident Suicide Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER XXX 22b. DATE SIGNED SIGNATURE O DEPUTY Ronald N. Kornblum, M.D. Sept. 14, 1968 DEPUTY MEDICAL EXAMINER 5 may ro FUNE Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) Va. Beahms Chapel Cemetery Page 16.1968 Luray 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1968 VR A15ME (5) Leonardtown, Md. Welch John 10M REV. 1/68



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hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut

Poge 4 moy be retained by the hospitol or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13499 CERTIFICATE OF DEATH

DECEASED-NAME (Type or print)	First HELEN	Middle		Last		EPTEMBER 1	Oay 1985	2b. HOUR
3. SEX	4. RA	ELIZAB (E NEGRO	EIH	S. DATE OF E	BIRTH	6. AGE (in years last birthday)	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN
7a. 8IRTHPLACE (State of country) MARYL		ZEN OF WHAT COUNTRY?		RIED NEVER MA	RRIED 9. CC	ST. MARY'S	×1	Mo
10. CITY OR TOWN OF D	NW		T.MARY	(If not in haspital HOSPIT	12a. USUAL OC during mast al	CUPATION (Kind af wark dane warking life, even if retired.	12b. KIND OF INDUSTRY	8USINESS OR
13a. USUAL RESIDENCE (admissian) STATE M	Where deceased lived, 13b.	if institution: Residence COUNTY ST. MARY	befare 13c. CIT	Y OR TOWN EVILLE	13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER		
14. FATHER'S NAME	First LLARY	Middle HARR	Last I S	IS. MOTHER'S A	ANNI	Middle	Curti	Last 8
16a. WAS DECEASED EVE Yes, na, ar unknown)	R IN U.S. ARMED FORCE		CURITY NO.	17. INFORMANT	NE G.Youn	Address G LOVEVILLE,		MATE INTERVAL
PART I. DEAT 153 Canditians, if any rise to immediat stating the undelast.	which gave) e cause (a),	(o) TO, OR AS A CONSEQUEI (b) TO, OR AS A CONSEQUEI (c)	NCE OF	cinos	na of (Calan	-	inset and death
PART 2. OTHER SIGNATURE OF OPERAL PROPERTY OF A COLUMN TO THE SIGNATURE OF A COLUMN TWO THE SIGN	8	CONTRIBUTING TO DEATH ATTE N FOR WHICH OPERATION	rio p	elevole	ie HD OPSY?	TION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	S CONSIDERED IN C	ERTIFYING
OR CONTRIBUTING (If either, natify n 21d. INJURY OCCU While Nat wh at wark at war	CAUSE OF DEATH ledical examiner) RRED 21e. PLACE OF	b. TIME OF INJURY DUR A.M. Manth Day P.M. INJURY (AT HOME, FARM, S OFFICE BUILDING, Ital) attended the d	Year 19 TREET, FACTORY,) 2	c. HOW INJURY OF	CURRED (Enter natu	City ar Tawn to 3 9 7 3 , 1 death accurred on the	Caunty	State (I) (we) lo
saw the causes st 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	ated abave, (I) (w	De Boyd M.D.	w the body at	and that in (nate death. DEGREE ATTEND PHYS. 22e. AD	ING MED. DIRECT	STAFF 22	2c. DATE SIGNED	
23a. 8URIAL, CREMATIO BENOYA (Specify) 24. FUNERAL DIRECTOR	N, 23b. DATE	, 1968 S		Y OR CREMATORY	230	B. LOCATION (City or Town) ORGANZA, ST. MAI GISTRAR 25b. REGISTRAI	(Caunty) RY 6 MARY R'S SIGNATURE	
W. CLARKE A	ATTINGLEY	LEONARDTO	WN. MARY	YLAND	DATE SEP	6 1988 gcc	carles In	der.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and competed director, page 3 should be detached far use as the burial-transit permit. Then please remove can should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event 30M REV. 128

W. O. One Party Product Value of the Contract of the Contract

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The second		ST. T. VIEW NO.		Security and entire Tax

PM3. Page 2, and 3 to ny delay is

> long with form Give Pages

This certificate should be executed within 24 hours after death

necessary, please execute the certificate, writing the word "pending" in pencil in ligarities

DICAL EXAMINER:

TO DEPUTY

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's

ith the State

death.

Health prior to burial, cremation, ar removal, and in any event within 72 hours.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages

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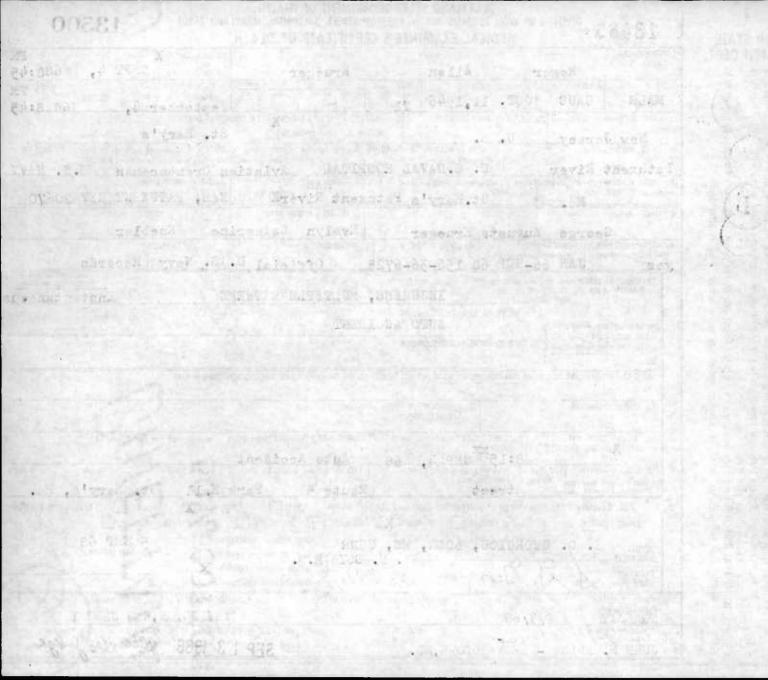
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINED'S CERTIFICATE OF DEATH

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		MEDICAL EXAM	HAEK 2 CI	EKTIFICATE	OF DEAL	п			
1. DECEASED-NAME (Type or Print)	First	Middl	e	Lost			71	Doy Yeor	2Ь. НОВ
(Type of Filli)	Reger	Allan		Kruege	er	OF EST DEATH MAT		4, 196	88:45
3. SEX			6. AGE (In years last birthday)	MONTHS DAYS	IF UNDER 24 HRS	Et. DATE I KOIL			2d. HOUG
MALE	CAUC	OCT. 11,1946	21 YRS			Month Senter	ber 4	Yeor 1968	8:45
70. BIRTHPLACE (Stot	te or foreign 7b.	CITIZEN OF WHAT COUNTRY?	8. MA	RRIED NEVER MA	RRIED 9. C	COUNTY OF DEATH			
country) New	Jersey	U. S.			DRCED 🔲	St. Ma	ry's		M
10. CITY OR TOWN O	OF DEATH	11. NAME OF HOSPITAL	OR INSTITUTION	(If not in hospital	120. USUAL	OCCUPATION (Kind	of work done	12b. KIND OF BU	SINESS OR
Patuxent	t River	give street address) S. NAV	AL HOS	PITAL	Aviat:	i of working life, e	ven if refired.)	U.S.	NAVY
130. USUAL RESIDEN	ICE (Where deceased	lived, if institution: Residence	before 13c. CITY	OR TOWNNAS	d. Inside City Limits?	13e. STREET AN	D NUMBER		J.
odmission) STATI	Ma	13b. COUNTY St. Mary	s Patu	xent Riv	NO [NAS, P	ATUXENT	RIV 20	670
14. FATHER'S NAME	First	Middle	Lost	15. MOTHER'S MA	DEN NAME Fir	rst	Middle	los	
(George A	ugusta Kruege	r	Evelyn	Cather	rine	Kuebler		
160. WAS DECEASED E	VER IN U.S. ARMED FOR	CES? 16b. SOCIAL SECU	JRITY NO. 1	17. INFORMANT			ADDRESS		
yes	JAN 66.	or dates of service) SEP 6B 156-3	6-6728	Off	icial 1	U. S. Na	vy n Reco	ords	
18. CAUSE OF	F DEATH (Enter only o	ne couse per line for (o), (b), or	nd (c).)					APPROXIMAT BETWEEN ONSE	E INTERVAL ET AND OEATH
PART I. I	DEATH WAS CAUSED BY	Y: CAUSE (o) INJ	TURIES,	MULTIPI	E EXTRI	EME		Instant	aneer
819	, 9	DUE TO, OR AS A CONSEQUEN	NCE OF			STORY.			
	ony, which gove diote couse (o),	(b) AUI	O ACCI	DENT					
stoting the vi	nderlying cause	DUE TO, OR AS A CONSEQUEN	NCE OF						
last.	,	(c)							
PART 2. OTHER	SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BU	T NOT RELATED	TO THE TERMINAL D	ISEASE OR CONDI	ITION GIVEN IN PAR	T 1(o)		
X X 3 4	4		9.8.						
190. DATE OF C	OPERATION	19b. CONDITION WAS PERFO		ERATION				20. AUTOPS	SY?
FILE								YES _	NO 🗌
	CAUSE WAS OR CONTRIBUTING	21b. TIME OF INJURY Month, Do HOUR AME	by, Yeor 2	21c. HOW INJURY O	CCURRED (Enter n	oture of injury in P	ort 1 or Port 2, Ite	ım 18.)	
CAUSE OF DEAT	TH	8:15 P.M. SEP 4 CE OF INJURY (At home, form, St	19 68	Auto A	cciden		Day -		
	CCURRED 21e. PLAC	CE OF INJURY (At home, form, \$1 y, office building, etc.)	treet, 2	21f. LOCATION Street	or R.F.D. No.	City or To	wn	County	Stote
AT WORK	NOT WHILE TO TOCTORY	Street		Reute 5	Pa	rk Hall	St. M	ary's.	Md.
22a. I	certify that I taak	charge of the remains de	scribed abav	e, held an Auto	ipsy,	Inspection X,	Inquiry [, and in r	my apiniar
death re	esulted fram:	Natural causes 🔲, 🛚 Ac	cident K,	Suicide	Hamicide [, Undeterm	nined manner (
	S. G. CE	ORGIOU, LCDR,	MC. II	SNR CHI	EF MEDICAL EXAM	MINER	5 SE	P 68	
ACTUAL SIGNATURE _	0.00	A HODIC	WM D	BOYD DM AS	STANT MEDICAL	EXAMINER ANALYSED	22b. DATE S	SIGNED	
EXAMINER'S	12	Dearson	NI. 8	TO DE	OTT MEDICAL EXT	AMINEK A		-70.00	-
NAME (Type)	1 - (1 the of	while			, town, or county)	CHECK TO		
23g. BURIAL, CREMA REMOVAL (See	ribit .		ME OF CEMETERY	OR CREMATORY	2	23d. LOCATION (City		, ,,	(Stote)
TRANSI	T 9/7	7/68	1000000		Las premari		ON, NEW J		
20 William	m-Wele	w	ADDRESS		2So. REC'D BY		25b. REGISTRAR'S S		140
JOHN M	WELCH -	LEON-ARDTOWN M	D		DATE SED	1 3 1968	, xuan	LOW Mich	7

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5 may be retained far yaur files.



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y filled in by the Experal on papers. (Pages I and

carbon papers. Pa

within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1020			CEKHILL	AIE OF D	EAIR				
1. DECEASED-NAME	First	Middle		Lost	2	o. DATE OF			2b. HOUR
(Type or print)	LILLIAN	MARGARE	r	EE		SEPT.	Month 20, Doy	1968	1
3. SEX	4. RACE			S. DATE OF BIRTH	Н		6. AGE (In years		IF UNDER 24 HRS.
FEMALE		WHITE		OCTOBE	12,18	35	lost birthdoy)	MONTHS OAYS	HOURS MIN
o. BIRTHPLACE (Stote or f	reign 7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIE	9. 0	DUNTY OF	DEATH		
MARYLA	U.S	.A.	WIDOWED			ST.	MARY S		Me
O. CITY OR TOWN OF DEAT		11. NAME OF HOSPITAL OR IN give street oddress)	ISTITUTION (If no	t in hospitol			(Kind of work done life, even if retired.)	12b. KIND OF B INDUSTRY	USINESS OR
30. USUAL RESIDENCE (Who demission) STATE	ere deceosed lived, if	institution: Residence before			ES NO	1.00.	REET AND NUMBER		
		iddle Lost		MOTHER'S MAID	EN NAME First		Middle		Lost
GEO	RGE F.	WATHE	V		VI	CTORI	A	GRAY	/ES
60. WAS DECEASED EVER			NO. 17. IN	FORMANT			Address		
Yes, no, or unknown)	(If yes give war ar dates of se	rvice)	MRS	ROBERT	L.MILE	LE	ONARDTOWN,	MARYLAN	ND GI
		per line for (o), (b), and (c).)	-		- 0			ATE INTERVAL SET AND OEATH
PART I. DEATH V	AS CAUSED BY: IMMEDIATE CAUSE (c	Gor	onar	u TU	cron	1 to	sis	45	MIN.
4109		O, OR AS A CONSEQUENCE OF	i)	10					
Conditions, if ony, w	rich gove)	o ath	eros	clerox	lie C	Vd	sis esiase		
rise to immediate c stating the underlyi		O, OR AS A CONSEQUENCE OF							
lost.		(c)							
PART 2. OTHER SIGNS	ICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT I	OT RELATED TO	THE TERMINAL D	ISEASE OR COND	ITION GIVEN	IN PART 1(o)		
= 4201									
19a. DATE OF OPERATION	N 19b. CONDITION F	OR WHICH OPERATION WAS P	ERFORMED	20a. AUTOPS	Y?		YES, WERE FINDINGS O	ONSIDERED IN CER	TIFYING
19a. DATE OF OPERATION ACCIDENT WAS				YES 🗌	NO X	CAUSES	OF DEATH?		
	214.	TIME OF INJURY	21c. HO	W INJURY OCCUR	RED (Enter not	ure of injur	y in Port 1 or Port 2,	Item 18.)	1
OR CONTRIBUTING (If either, notify med		R A.M. Month Doy Yeo	9						
ZIU. INJUNI OCCURNI	D 21e. PLACE OF II	JURY (AT HOME, FARM, STREET, F		ATUM Street o	or R.F.D. No.	City	or Town	County	Stote
While Not while of work		OFFICE BUILDING, ETC.							
22a. I certify the	it (I) (this haspita) attended the decease	ed from	lan	, 19_65	, ta_	ik + 20, 19	68 , that ((we) las
saw the dec	eased aliman_	(did (did not) New the	19 66 and	that in (my)	(aur) apinio	n death a	sccurred an the do	ate and haur a	nd fram the
22b. SIGNATURY	ay Tu	yther	MADEGRE	ATTENDING PHYS.	MED. DIRECT	TOR	CTAFF	DATE SIGNED 7-21-6	8
22d. BHTS CIAN'S NAME (Type)	J. Roy (THER M. D		22e. ADDRES		CHANT	CEVILLE, N		
230. BURIAL, CREMATION,	23b. DATE	23c. NAME OF	CEMETERY OR	REMATORY	23	d. LOCATIO	N (City or Town)	(County)	(Stote)
BURIAL (Specify)	SEPT.23	.1968 ST.	ALOYSI	US		EONA	ROTOWN ST.	MARY S N	MARYL AL
24. FUNERAL DIRECTOR		ADDRES		25	So. REC'D BY RE	GISTRAR	2Sb. REGISTRAR'S	SIGNATURE	
W.CLARKE M	TTINGLEY	LEONARDTOWN,	MARYLA	ND D	ATE SEP 2	4 19	168 gelia	when Jan	ge.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a director, page 3 shauld be detached for use as the burial-transit permit. Then please rence shauld be filed with the State Dept. af Health priar ta burial, cremation, ar removal, and in any

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13502

(Type ar print) EMORY RUSSELL MERED ITH SEPTEMBER 3, Doy 1988 9.20A 3. SEX 4. RACE 5. DATE OF BIRTH OCTOBER 28, 1902 6. AGE (In years last birthday) Committed White Days House Minutes Days House Days House Minutes Da	13487		CERTIFI	CATE OF DEATH			
EMORY RUSSELL MREDITH OCTOBER 28, 1902 A RACE S. DATE OF BIRTH OCTOBER 28, 1902 OCTOBER 28, 190	1. DECEASED-NAME	First	Middle	Lost		v	2b. HOUR
MALE OCTOBER 28, 1902 OCTOBE	(Type or print)	MORY RE	SEELL	MEREDITH	SEPTEMBER 3, DOY	1968	9,20AN
MALE WHITE OCTOBER 28, 1902 55 YRS.	3. SEX	4. RACE			last hirthday)		IF UNDER 24 HRS. HOURS MIN
MARYLAND U.S.A. III. AME OF HOSPITAL				OCTOBER 28,1	902 65 YRS.	MONITIS DATE	HIGH.
MARYLAND OCTIVOR TOWN OF DEATH LEO NAR DEATH LEO		7b. CITIZEN OF WHAT CO	UNTRY? 8. MARRIE	NEVER MARRIED	9. COUNTY OF DEATH		
ST. MARY S. HOSPITAL	MARYLAND						Mo
ST. MARY S HOSPITAL SERVICE ST. MARY S HOSPITAL ST. MISSION STATE ST. MARY S HOSPITAL ST. MISSION ST. MARY S HOSPITAL ST.	O. CITY OR TOWN OF DEATH	11. NAME OF		nat in hospitol 120. USU	AL OCCUPATION (Kind of work done		BUSINESS OR
A. FATHER'S NAME THOMAS Mary B COUNTY CREAT MILLS YES NOX BO x 64 A. FATHER'S NAME First Middle Mary B S. MOTHER'S MAIDEN NAME First Middle Lost Mary BLIZABETH QUIRK A. FATHER'S NAME First Middle Mary BLIZABETH QUIRK A. MOTHER'S NAME First Mary BLIZABETH QUIRK B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c). PART 1. DEATH WAS CAUSED BY. Mary GREAT MILLS Mary BLIZABETH QUIRK B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c). PART 1. DEATH WAS CAUSED BY. Mary GREAT MILLS Mary			ST . MARY 'S				
A. FATHER'S NAME First THOMAS MEREDITH IS. MOTHER'S MAIDEN NAME First Middle Last MARY ELizabeth Quirk	admission) STATE	13b. COUNTY		YES I N			
166. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 167. Wesperward and obliged standers 214-05-0540 214-05-0540 214-05-0540 214-05-0540 214-05-0540 215. Wesperward and obliged standers 215. Wesperward and obliged standers 216. SOCIAL SECURITY NO. 217. INFORMANT BEATRICE F. MEREDITH BOX 64 GREAT MILLS, MD. APPROXIMANT MITERAL SECURITY NO. 216. Wesperward of the standers 216. Wesperward				15. MOTHER'S MAIDEN NAME I			Last
Test	Тнома	s Me	EREDITH	MARY	ELIZABETH	QUIRK	
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).		1					
RACTOR OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSE BY INDICATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF rise to immediate cause (a). Stating the underlying cause (c) DUE TO, OR AS A CONSEQUENCE OF lost. DUE TO, OR AS A CONSEQUENCE OF LOS	res, no, or anknown)	214	1-05-0540 E	BEATRICE F.MER	REDITH BOX 64 GREA		
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave itse to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 190. CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year Port (If either, notify medical examiner) 191. TIME OF INJURY (AT HOME, FARM, STREET, FACTORY, OT WHICH OPERATION) 210. I certify that (I) (this hospital) ottended the deceosed from the deceased alive an examination of the deceased alive an examination of the deceased of the deceased and the deceased alive an examination of the deceased of the deceased of the deceased from the deceased and the deceased alive an examination of the deceased of the deceased and the deceased and the deceased of the deceased of the deceased alive an examination of the deceased of the deceased of the deceased of the deceased and the deceased and the deceased of the deceased o			(a), (b), and (c).)	1 1			
Conditions, if only, which gave rise to immediate cause (a). Stating the underlying couse (c)			Myorandia	mforct		liere	diete
rise to immediate cause (a). stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING 21a. ACCIDENT WAS UNDERLYING 21a. ACCIDENT WAS UNDERLYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 or Part 2, Item 18.) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 or Part 2, Item 18.) 19a. LACIDENT WAS UNDERLYING 19a. AUTOPSY? YES NO CAUSES OF DEATH? 19b. CAUSES OF DEATH? 19c. LAUSE OF DEATH? 19c. LAUSE OF DEATH? 19c. LAUSE OF DEATH? 19d. LAUSE OF DEATH? 21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 or Part 2, Item 18.) 19d. LAUSE OF DEATH? 21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 or Part 2, Item 18.) 19d. LAUSE OF DEATH? 21d. INJURY OCCURRED (Enter nature af injury in Part 1 or Part 2, Item 18.) 19d. LAUSE OF DEATH? 21d. INJURY OCCURRED (Enter nature af injury in Part 1 or Part 2, Item 18.) 21d. INJURY OCCURRED (Enter nature af injury in Part 1 or Part 2, Item 18.) 21d. INJURY OCCURRED (Enter nature af injury in Part 1 or Part 2, Item 18.) 21d. INJURY OCCURRED (Enter nature af injury in Part 1 or Part 2, Item 18.) 22d. INJURY OCCURRED (Enter nature af injury in Part 1 or Part 2, Item 18.) 22d. INJURY OCCURRED (Enter nature af injury in Part 1 or Part 2, Item 18.) 22d. INJURY OCCURRED (Enter nature af injury in Part 1 or Part 2, Item 18.) 22d. INJURY OCCURRED (Enter nature af injury in Part 1 or Part 2, Item 18.) 22d. INJURY OCCURRED (Enter nature af injury in Part 1 or Part 2, Item 18.) 22d. INJURY OCCURRED (Enter nature af injury in Part 1 or Part 2, Item 18.) 22d. INJURY OCCURRED (Enter nature af injury in Part 1 or Part 2, Item 18.) 22d. INJURY OCCURRED (Enter nature af	4109		ONSEQUENCE OF				
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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 10b. TIME OF INJURY 10b. TIME 10bb. T	stoting the underlying c	DUE TO, OR AS A CO		1:0:	l. +	1000	ek.
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 21d. INJURY OCCURRED While Not while Of work Not work	19a. DATE OF OPERATION			20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CE	RTIFYING
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 21d. INJURY OCCURRED While Not while Of work Not work	SIFIC			YES NO I	CAUSES OF DEATH?		
While of work 220. I certify that (I) (this hospital) ottended the deceosed fram 220. I certify that (I) (this hospital) ottended the deceosed fram 321. IDATION Sheet of K.P.D. No. (Thy of fown) Sheet of K.P.D.			21c.	HOW INJURY OCCURRED (Ente	r nature of injury in Part 1 or Port 2, 1	tem 18.)	
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saw the deceased alive an touses stated abave, (1) (we) (did) (did net) view the body after death. 22b. SIGNATURE DEGREE ATTENDING PHYS. DIRECTOR DIRECTOR PHYS. 22e. ADDRESS 22e. ADDRESS	While Not while	21e. PLACE OF INJURY (AT HOP OFFICE	WE, FARM, STREET, FACTORY,) 21f. BUILDING, ETC.	LOCATION Street or R.F.D. No	City or Town	County	State
22d. PHYSICIAN'S ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. 22e. ADDRESS	saw the deceas	ed alive an	0 to 1925, a	nd that in (my) (our) op	inion death occurred on the da	te and haur o	(I) (we) las and fram the
	22b. SIGNATURE	Misen	Man DE	GREE PHYS.	MED. STAFF	DATE SIGNED	8
		P. J. BEAN M	. D.		REAT MILLS, MARYL	AND.	
	23o. BURIAL, CREMATION, REMOVAL (Specify)					, ,,	,
	24. FUNERAL DIRECTOR	SEPT.0, 1908					MD.
W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND DASFP 6 1968 Icharley Judge		INOLEY LEONA					I.E.

LEONARDTOWN. MARYLAND

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TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely fill director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon is should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within SOM REV

W.CLARKE MATTINGLEY

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute Page 4 may be retained by the hospital or ottending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

13503

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and 2 death.	DECEASED-NAM (Type or print)
	3. SEX
S G	FEMAL
ers. F 72 hou	7o. BIRTHPLACE (Scountry)
pap hin /	10. CITY OR TOWN
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director, shauld	23a. BURIAL, CRE
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within 24 hours after death.

law requires that the death certificate be executed

Completely filled in by

the attending physician and completely filled in list permit. Then please remaye carban papers.

signed by

physician.

O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending

First Middle Last 2a. DATE OF DEATH 2b. HOUR SEPTEMBER Month 13. Doy 1968 ESTELLE MARY MOORE 6. AGE (In years 4 RACE 5 DATE OF BIRTH IE LINDER 1 YEAR IF HNDER 24 HRS HOURS WHITE MARCH 13, 1895 tate or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED MARRIED 9. COUNTY OF DEATH ST. MARY S U.S.A. WIDOWED YLAND DIVORCED [OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY RDTOWN ENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY ST . MARY S ST GEORGE ISLAND NO Y MARYLAND First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost DOWNS W. MARTHA DYER GEORGE ED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address ST. GEORGE ISLAND, MARYLAND CHARLES R. MOORE OF DEATH (Enter only one cause per line for (a), (b), and (c). WEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) if any, which gave ediate cause (a). DUE TO, @ underlying cause CONDITIONS ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAT 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO 🗌 NT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this hospital and that in (my) (early opinion death occurrent the body after death. saw the deceased alive of date and have and from the causes stated abave, (1) (well told) 22b. SIGNATURE 22_DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) PATRICH G_EAT MILLS, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMAT (County) (State) BUREMOVAL (Speci ST. FRANCIS XAVIER ST. GEORGE ISLAND, MARYLAND SEPT. 16. 1 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR

LEGNARDTOWN. MARYLAND

1968

O FUNERAL DIRECTOR: After this certificate has been 30M REV. 168

CLARKE MATTINGLEY

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MARYLAND STATE DEPARTMENT OF HEALTH

13504

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate, be Page 4 may be retained by the haspital ar attending physician.

13400				ERIIF	ICATE OF	DEATH					
1. DECEASED-NAME	First	7 11 11	Middle	MUST	Last			OF DEATH			2b. HOUR
(Type ar print)	JOHN	He	ERMAN	N	ELSON		SEPT	TEMBER!	8, Doy	1968°	A
3. SEX	4. R	ACE			5. DATE OF B	IRTH	435	6. AGE (In	years	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS.
MALE		WH	ITE		Остова	R 31,1	900	last birth	YRS.	MUNIHS UATS	HDURS MIN.
7o. BIRTHPLACE (State or for country)	reign 7b. CIT	IZEN OF WHA	AT COUNTRY?	8. MARRIE	DXX NEVER MAI	RRIED	9. COUNTY	OF DEATH			
MARYLAND	U	.S.A.		WIDOWE	D DIVO	RCED 🗌	ST.	MARY S			Mo
10. CITY OR TOWN OF DEATH LEONARDTOWN		11. NA/ give st	ME OF HOSPITAL OR INStreet address)	TITUTION (I	f not in hospital	12a. USU/ during m		ON (Kind af war if RV I CE		12b. KIND OF INDUSTRY	BUSINESS OR
13o. USUAL RESIDENCE (Whe admission) STATE	re decensed liver		n: Residence before	13c. CITY	OK TOWN	130. INSIDE CITT L		STREET AND N			
14. FATHER'S NAME Firs	it	Middle	Last		15. MOTHER'S M	AIDEN NAME F	First		Middle		Lost
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16a. WAS DECEASED EVER IN Yes, no, or unknown)	U.S. ARMED FOR (If yes give war or dates	CES?	16b. SOCIAL SECURITY I	1 .	7. INFORMANT				Address	6.36	4000
Tes, no, or oriknown,	() or give that or outloo	o, service,	578-10-72	40	MARY B.	VELSON	ABI	ELL, N	ARYLA		
18. CAUSE OF DEATH		ause per line	for (a), (b), and (c).)	. ,	-B21					IMATE INTERVAL ONSET AND DEATH
PART 1. DEATH W	AS CAUSED BY: IMMEDIATE CAUS	SE (a)	Rupture A CONSEQUENCE OF Previous Q	of 1	/entzia	las F	Freur	45m	19.3	52	Idden
14/29		JE TO, OR AS	A CONSEQUENCE OF				U				
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rise to immediate ca stating the underlyin		JE TO, OR AS	A CONSEQUENCE OF	0-77	-/						
last.)	(c)				200					
PART 2. OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTI	NG TO DEATH BUT NO	OT RELATED	TO THE TERMINA	L DISEASE OR	CONDITION GI	VEN IN PART 1	0)		
= 4201											
19a. DATE OF OPERATION	19b. CONDITI	ON FOR WHIC	H OPERATION WAS PE	RFORMED	20a. AUTO		CALL	IF YES, WERE SES OF DEATH?	FINDINGS CO	INSIDERED IN C	ERTIFYING
210. ACCIDENT WAS U	USE OF DEATH	1b. TIME OF IOUR A.M. P.M.	INJURY Manth Day Year		HOW INJURY OC	CURRED (Ente	er noture of in	njury in Part 1	or Port 2, It	tem 1B.)	
21d. INJURY OCCURRED While Nat while at wark	21e. PLACE (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		LOCATION Stre	et or R.F.D. No). C	ity or Town		County	State
22a. I certify that	t (I) (this has eased alive a	54	nded the deceose did nat) view the	968,0	and that in (m	9 , 19 <u>4</u> y) (our) opi	ি , to_ inion deat	Systi 8 h occurred o) 19_ in the dat	68 , that te and haur	(I) (we) los and fram the
22b. SIGNATURE R	obort ?	r. Fu	cho, M.D.	DE	GREE PHYS.	NG 🖾 Å	MED.	STAFF PHYS.	22c. D	ATE SIGNED	18/68
22d. PHYSICIAN'S NAME (Type)	ROBERT	Fuchs	M. D.		22e. ADI		NARDTO	wn, Mai	RYLAND		
230. BURIAL, CREMATION, BURIAL (Specify)	23b. DATE SEPT . 1	1,196	23c. NAME OF SACR		OR CREMATORY		1	TION (City or T		(County)	(State) MARYLAN
24. FUNERAL DIRECTOR W.CLARKE MAT	TINGLEY	LEON	ADDRESS ARDTOWN,	MARYL	AND		PY REGISTRAR		EGISTRAR'S	SIGNATURE	ge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and complitely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remained and a should be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 VR A15 (4) 30M REV. 1/68

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30M REV.

22d. PHYSICIAN'S

23o. BURIAL, CREMATION,

BUREMOVAL (Specify)

NAME (Type)

24. FUNERAL DIRECTOR W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND

SEPT. 17, 1968

M. D

J. BEAN

23b. DATE

MORGANZA ST MARY B MARYLAND
REGISTRAR 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 1968

GREAT MILLS. MARYLAND

23d. LOCATION (City or Town)

22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

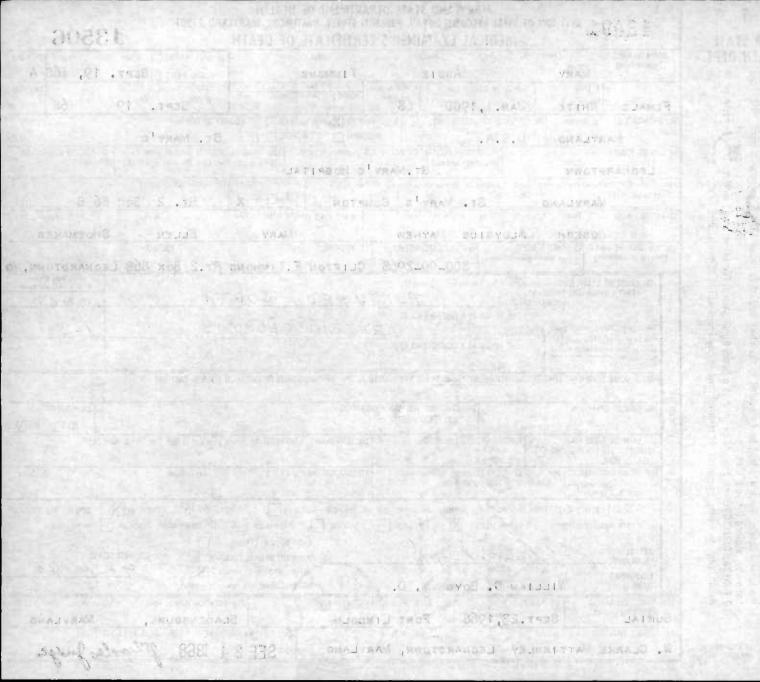
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MARYLAND STATE DEPARTMENT OF HEALTH 1349 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13506 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Doy Yeor (Type or Print) Poge DEATH MATED SEPT. 19. 1968 o MARY ADDIE TIMMONS 2, and 3 to PM3. Pog 3 + partment 4. RACE 6. AGE (In years IF UNDER 1 YEAR 3. SEX S. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR last birthday) 1968 JAN. 1. 1900 FEMALE WHITE YRS. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH (ountry) WIDOWED DIVORCED [ST. MARY'S MARYLAND U.S.A. 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY . MARY 'S HOSPITAL LEGNARDTOWN 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO. RT. 2 Box 86 B COMPTON ofter 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Middle JOSEPH MAYHEW MARY SHOEMAKER ALOYSIUS ELLEN safiod hours the Chief Medical Examinet 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within (Yes, no, or unknown) (If yes give war or dates of service) 800-00-2968 CLIFTON F. TIMMONS RT. 2 BOX 86B LEONARDTOWN, ME File = permit. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: RUPTURED AORTA MMED IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF burial-tronsit ARTERIOSCLEROSIS 10 42 Conditions, if ony, which gove rise to immediate cause (a), This certificate should writing the word DUE TO. OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 50 removal, CERTIFICATION pe nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES T NO M should be 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 should WEDICAL PRIMARY OR CONTRIBUTING HOUR A.M cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) moy be retained for your FUNERAL DIRECTOR: Poge WHILE NOT WHILE T 220. I certify that I taak charge of the remains described above, held on Autopsy . Inspection X Inquiry X and in my apinion Natural causes Accident . death resulted fram: Suicide Hamicide Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 9-20-68 O DEPUT DEPUTY MEDICAL EXAMINER 12 **EXAMINER'S** Heolth NAME (Type) WILLIAM D. BOYD ADDRESS(Street, city, town, or county) 0 23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BURIAL (Specify) SEPT.23.1968 FORT LINCOLN BLADENSBURG. MARYLAND 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND 10M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13492

24 hours ofter death

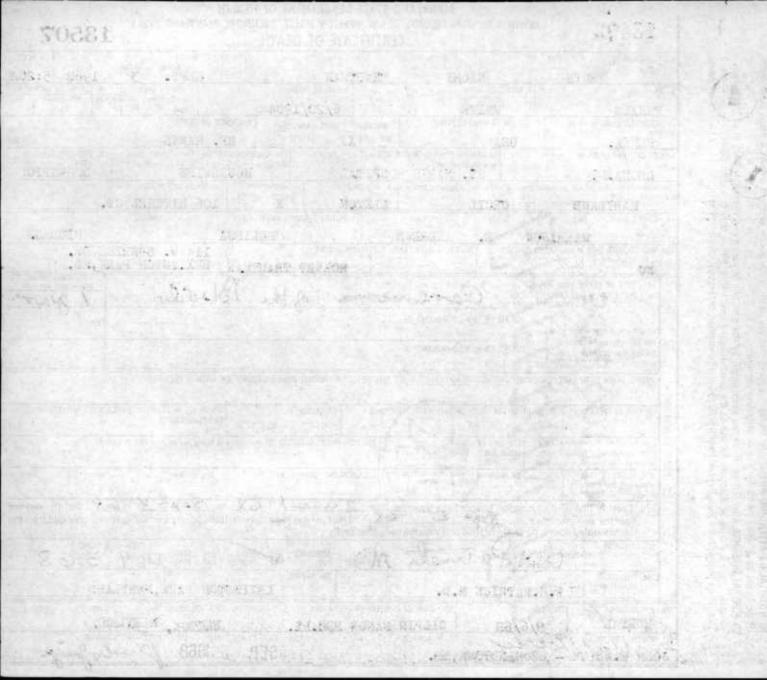
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely then director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers shauld be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72

VR A15 (4) 30M REV. (1)68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut Page 4 may be retained by the haspital or attending physician.

13507

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. DECEASED-NAME	First		Middle		Lost	2o. DAT	E OF DEATH			2b. HOUR
(Type or print)		NA	IMO	TRAU	TMAN		SEPT.	3 Doy	1968	5:20A
. SEX		4. RACE	-	2.44.0	S. DATE OF BIRTH		6. AGE (In		IF UNDER 1 YEAR	IF UNDER 24 HRS.
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o. BIRTHPLACE (Stote of	r foreign	7b. CITIZEN OF WHAT		8. MARRIED	□ NEVER MARRIED	9. COUNTY	OF DEATH			
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O. CITY OR TOWN OF D	EATH	11. NAME	OF HOSPITAL OR INST	ITUTION (If	not in hospital 120. US	UAL OCCUPAT	TION (Kind of wo		12b. KIND OF S	
LEONARDI	OWN	give stree	et oddress) MARYS H	OSPIT	AT. during	most of work	king life, even if	retired.)	INDUSTRY DOME	ESTIC
30. USUAL RESIDENCE (Where deceose	d lived; if institution:			R TOWN 13d, INSIDE CITY		e. STREET AND NU			
dmission) STATE MARYLA	ND	136. COUNTY CECIL		ELKT	ON YES	NO 🗆	106 MITC	HEL S	T.	
4. FATHER'S NAME	First	Middle	Lost		S. MOTHER'S MAIDEN NAME	First		Middle		Lost
	HARRIS	ON E.	ANDREWS	0.7	ME	ELISSA			MII	DDAGH
60. WAS DECEASED EVE	R IN U.S. ARMI	D FORCES? 16	b. SOCIAL SECURITY NO		INFORMANT	TOURS.	114 W.	SUNRI	SE DR.	1150
Yes, no, or unknown)	(II yes give wo	r or dates of service)		65	ROBERT TRAU	TTMAN	LEXINGT	ON PA		14.1.15
18. CAUSE OF DE	ATH (Enter only	one couse per line	or (o), (b), ond (c).)			A	1 10		APPROXIN BETWEEN OF	NATE INTERVAL NSET AND DEATH
PART 1. DEAT	H WAS CAUSED		aren	200	a of the	. 79	Laddy		11	HANT
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Conditions, if ony			. CONSEQUENCE OF							
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PART 2 OTHER SI	SNIFICANT CONI		G TO DEATH BUT NOT	T RELATED 1	O THE TERMINAL DISEASE OF	R CONDITION	GIVEN IN PART 10	0)		
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190. DATE OF OPERA	ATION 19b. C	ONDITION FOR WHICH	OPERATION WAS PERF	FORMED	20o. AUTOPSY?	20	b. IF YES, WERE F	INDINGS CO	NSIDERED IN CE	RTIFYING
2					YES NO	CA	USES OF DEATH?			
210. ACCIDENT W	S UNDERLYING	21b. TIME OF IN	JURY	21c. H	IOW INJURY OCCURRED (En		injury in Port 1	or Port 2, It	em 18.)	
OR CONTRIBUTING			Month Doy Yeor							
(If either, notify notification notify notification notif				ORY.) 21f. L	OCATION Street or R.F.D. N	No.	City or Town		County	Stote
While Not who of work	ile 🗆	(OF	FICE BUILDING, ETC.	1						
22g. I certify	that (1) (this	haspital) attend	led the deceased	from.	June 1, 19	68, to	Sout	3.196	o8, that	(I) (we) la :
saw the	deceased ali	ve an Sos	19	68, ar	id that in (my) (sur) o	pinion dec	th occurred a	n the dot	e ond hour	ond from th
couses st	ated abave,	(I) (wg) (did) (di	d nat) view the b	ody after	death.					
22b. SIGNATURE	1	N Dai	1	GIM	ATTENDING TO	MED.	STAFF	22c. D	ATE SIGNED	0
AA L ALDIGUELANIS	0	11/2 11/10	men	/ V DtG	PEE PHYS.	DIRECTOR	☐ PHYS. L	17	-36	73
22d. PHYSICIAN'S NAME (Type)	1,7 11	.PATRICK	M D		22e. ADDRESS	PYTMOM	ON PARK	MADVI	A NTD	
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23a. BURIAL CREMATIO REMOVAL (Specify)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	23c. NAME OF C				CATION (City or T		(County)	(Stote)
A CAMPAGE	- 100	9/6/68		MANO	R MEM.PK.	BY REGISTRA	Andreas de Colonia de	MARYL.		el se se
4 EMNERAL DIRECTOR	7/10	ele	ADDRESS		DATE SE				Mes Jus	lan
JOHN M. WE	LCH - I	EONARDTOW	N.MD.		DATE OF	T U	1000	ronan	was here	7



in any event, within 72 hou and completely filled in easa remove carbon papers

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL PECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13496			(CERTIFI	CATE OF	DEATH			135	508		
DECEASED-NAME First (Type or print) JOHN I. SEX MALE		4 RACE NEGRO			Young 5. DATE OF BIRTH			SEPT. Month 25, Doy 1968 or 28. 10				
								6. AGE (In years last birthday) YRS	JF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HES. HOURS MINE		
7a. BIRTHPLACE (State or foreign 7b. country) MARYLAND		U.S.A.		MARRIED NEVER MARRIED 9. WIDOWED DIVORCED			100000000000000000000000000000000000000	COUNTY OF DEATH				
PARK HALL 13a, USUAL RESIDENCE (What is a state was a		give stre	OF HOSPITAL OR IN et address) OURTNEY Residence before MARY S	в Ном	E R TOWN	during m	AL OCCUPATIO ost of workin	N (Kind of work done g life, even if retired.) TREET AND NUMBER		BUSINESS OR		
	rst ?	Middle	last ?		5. MOTHER'S M	AIDEN NAME I	First ?	Middle	?	Last		
16a. WAS DECEASED EVER (Yes, no, or unknown)	N U.S. ARMED FO		b. SOCIAL SECURITY	100	INFORMANT	URRY	CLEME	Address	AND			
Tax CAUSE OF DEATH WATER A Conditions, if any, who rise to immediate containing the underlying lost. PART 2. OTHER SIGNIII	AS CAUSED BY: IMMEDIATE CAU inch gave ouse (a). Ing couse	USE (o) NUE TO, OR AS A (b) NUE TO, OR AS A	CONSEQUENCE OF	real	y G wia	lla Hi	y to	ichn.	y's.	ONSE AND SEATH		
4201			OPERATION WAS PE		20a. AUTO		20b.	IF YES, WERE FINDINGS	CONSTDERED IN C	ERTIFYING		
19a. DATE OF OPERATION 19a. DATE OF OPERATION 21a. ACCIDENT WAS 15a. OCCUPANT While Not white While Not white	AUSE OF DEATH col examiner) D 21e, PLACE	P.M. OF INIURY / AT	UURY Month Day Year TO HOME FARM, STREET, FA HICE BOULDING, ETC.	9			r nature of in	ES OF DEATH? Luty in Port 1 or Port 2 by or Town	Item 18.)	State		
22a. I certify the saw the dec causes state 22b. SIGNATURE	eased /alive o	0	the deceas	19_00ar	ATTENDI	NG D	infon death	occurred on the o	9 68, that late and hour	(I) (we last and from the		
22d. PHYSICIAN'S NAME (Type)	JAMES F	JARBO	DE M. D.	1	22e. ADI	1777777	EAT ME	LLS, MARYL	AND /			

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending of director, page 3 should be detached for use as the burial-transit permit. They should be filed with the State Dept. of Health prior to burial, cremation, ar removed. VE A15 (A)

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

Page 4 may be retained by the hospital or attending physician.

24. FLINERAL DIRECTOR W. CLARKE MATTINGLEY

BURIAL CREMATION

23b. DATE

SEPT 27, 1968

ADDRESS LEGNARBTOWN, MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

ST. JOSEPHS

25c. REC'D BY REGISTRAR DATE OCT 1968

23d. LOCATION (City or Town)

25b. REGISTRAR'S SIGNATURE

(County)

MORGANZA, ST. MARY 18, MARYLAND

(State)

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